Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges

United States Department of Health and Human Services

Center for Consumer Information and Insurance Oversight

FOA: IE-HBE-11-004

CFDA: 93.525

Level 1 Funding Application

December 31, 2011 – December 31, 2012

Nevada Department of Health and Human Services

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Project Abstract

The State of Nevada is submitting this budget request and narrative to receive funding for a second Level 1 Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges. The State is requesting funding for design, build, and implementation costs for an eligibility engine to determine an individual's eligibility for all publicly-subsidized health coverage programs and premium subsidies for commercial health insurance purchased through the State of Nevada's Silver State Health Insurance Exchange (the Exchange). The Implementation Advance Planning Document (I-APD) was submitted to CMS on June 6, 2011 and subsequently approved. The costs attributable to other sources are those calculated according to a cost allocation method for Medicaid and the Children's Health Insurance Program (CHIP) related expenses for the design, build, and implementation of the eligibility engine. Nevada is requesting funding for a new rules engine to modify Nevada's existing systems that support the Medicaid and CHIP programs in order to realize its vision of making health coverage and health insurance easily accessible to all Nevadans.

In Nevada, the Medicaid program is administered for the Nevada Department of Health and Human Services (DHHS) by the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). Working together, DHCFP and DWSS are seeking to build a new eligibility rules engine and leverage existing systems to create a "no wrong door" approach (i.e., allowing individuals to access health coverage in a variety of ways and through multiple entry points). These systems development efforts will allow the State to:

- Create a single coordinated set of rules to determine eligibility for all publicly-subsidized health coverage programs, including the premium subsidies available under the Exchange, Medicaid, CHIP, and the Basic Health Plan (BHP) in the eligibility rules engine, and conduct an initial screening as to whether an individual might be eligible for the Supplemental Nutrition Assistance Program (SNAP) and/or the Temporary Assistance for Needy Families (TANF) program;

- Store recipient data for all publicly-subsidized health coverage programs in a single system of record and leverage existing information technology (IT) functionalities to support the needs of the Exchange and all publicly-subsidized health coverage programs;

- Achieve the necessary degree of interoperability between technology components to provide health insurance coverage through the Exchange, Medicaid, or CHIP programs; and

- Improve the State's program evaluation efforts and performance management reporting capabilities.

The State of Nevada's goals in implementing this IT solution are to support a first-class, 21st century customer and partner experience and a seamless coordination between Medicaid, CHIP, and the Exchange. More specifically, the State is seeking to:

- Provide the same customer experience to all individuals seeking coverage, regardless of source or amount of subsidy for which they may qualify, or the "door" through which they enter;

- Permit real-time eligibility determination, routing, and enrollment, whenever feasible, and a timely and responsive resolution process for all individuals;

- Extract the business rules out of an aging eligibility system in order to share those, along with the Modified Adjusted Gross Income (MAGI) rules that will take effect in 2014, in a central repository that is more dynamic and flexible;

- Implement a common system complemented with a high level of integration to avoid duplication of costs, processes, data, and effort on the part of the State and beneficiaries; and

- Leverage the federal approach to verification from federal agencies, such as the Internal Revenue Service, the Department of Health and Human Services, and the Department of Homeland Security, to avoid the independent establishment of those interfaces and connections at the State level.

The duration of this project from initial design through implementation is twelve months. The major activities are displayed in the table below.

Major Project Activities

Milestone	Start	Finish
Grant Application Approval	**December 2011**	**March 2012**
Eligibility Engine Vendor Selection		
RFP Release	December 2011	December 2011
Vendor Proposal Submissions	January 2012	February 2012
Contract Award	March 2012	March 2012
NV Board of Examiner Contract Approval	May 2012	May 2012
NV IFC Approval	May 2012	May 2012
Contract Start	July 2012	July 2012
DD&I:		
Design and Development	July 2012	December 2012
Testing and Training	January 2013	February 2013
Implementation	March 2013	

While it may be possible for the project to be completed within a 12-month cycle, the project timeline could be extended to 18 months if there are any delays with key project activities. If an extension is necessary, Nevada anticipates requesting a no-cost extension in April, 2012.

It is estimated that the expansion of Medicaid and the implementation of the Exchange will result in a significant increase in enrollment in publicly-subsidized health coverage programs. With approximately one in five Nevadans uninsured, a higher rate of uninsured than almost any other state, an estimated 546,000 residents of the State lack health insurance. As a result of health care reform, Nevada's Medicaid enrollment may increase by as much as 77,000 individuals, and as many as 200,000 individuals may be eligible for subsidized health insurance through the Exchange.

Legislation establishing the Silver State Health Insurance Exchange was passed by the 2011 Nevada Legislature in June 2011 and appointments to the governing board were made in September 2011. The Exchange's Board of Directors has now assumed authority for decisions regarding the Exchange.

It is Nevada's intention to submit a Level 2 funding request on March 31, 2012. The Level 2 funding request will include costs related to additional Exchange staff, marketing and outreach activities, and other IT components for business operations, such as the Exchange Website and enrollment system, premium development and subsidy calculators, and other business activities. Additional costs include set-up of the Exchange business and accounting functions and consulting fees for the development of a financial sustainability plan.

Exchange IT systems – Eligibility Engine Project

Activities to Date

in order to have in place the necessary infrastructure and business processes to meet the mid-2013 deadline for final systems testing and operational readiness, DHHS has worked with Public Consulting Group (PCG) over the past 18 months to complete an IT Gap Analysis of existing systems that may be utilized to support the Exchange. This analysis includes a review of product feasibility, viability, and alignment with Exchange program goals and objectives and separates eligibility related systems from non-eligibility related systems. Since the submission of the original Level 1 Establishment Cooperative Agreement, DHSS and PCG have also completed the preliminary design and requirements for the eligibility engine and are ready to proceed with the finalization of a Request for Proposal (RFP) to secure a vendor to begin the Development, Design, and Implementation (DD&I) phase of the project.

Since passage of the ACA, Nevada has been working with PCG on an assessment of the State's Medicaid and CHIP (i.e., Nevada Check Up) eligibility systems to determine their capability and capacity to support the expansion of Medicaid and the eligibility requirements of the Exchange. Nevada currently utilizes separate eligibility systems for Medicaid and CHIP programs (known in the State as Nevada Check Up) with DWSS determining eligibility for Nevada's Medicaid

program and DHCFP managing eligibility for Nevada Check Up. As a result of this assessment, it was determined that Nevada's existing eligibility systems are not suitable for use by the Exchange and the expansion of Medicaid.

Nevada recognizes the importance of early coordination across State agencies from both a programmatic and IT standpoint. To that end, the State of Nevada has actively worked on the development and implementation of a new eligibility system that will: 1) store in one place all of the rules for all publicly-subsidized medical assistance programs; and 2) have a user interface accessible to individuals shopping for health coverage from multiple entry points, including the Exchange. As part of this process, DWSS, DHCFP, and PCG conducted an initial assessment of this approach and prepared a cost estimate for developing and implementing a single, streamlined eligibility rules-based engine to serve all of Nevada's publicly-subsidized health coverage programs.

Subsequent to this assessment, Nevada continued to work towards the goal of implementing a new rules engine eligibility system to support the Exchange, Medicaid, and Nevada Check Up. In June, 2011 culminating months of planning and design work, DHHS and DWSS submitted to the Centers for Medicare and Medicaid Services (CMS) an I-APD for CMS approval and enhanced federal financial participation (FFP). The I-APD was approved by CMS in October 2011. As part of the development of the I-APD, Nevada completed an alternatives analysis confirming the rules engine approach to be the most beneficial to the State and developed functional requirements to frame the State's approach. Nevada also submitted its draft RFP for the eligibility engine to CMS for approval in October 2011.

The new eligibility engine is one component of Nevada's overall IT strategy to meet the requirements of the ACA. It will provide a coordinated set of rules for the State's publicly-subsidized health coverage programs (premium subsidies available through the Exchange, Medicaid, and CHIP) in one system. The eligibility engine will function to determine eligibility and will be usable by authorized systems that are accessible to consumer, State and county workers, and Navigators, among others.

Nevada is developing the requirements for the following non-eligibility Exchange IT systems and business processes as well:

- Public access to an Exchange Web portal;
- Calculating premium tax credits and reduced cost sharing;
- Developing or otherwise accessing a health plan premium rating engine;
- Displaying and choosing a health plan;

- Enrolling in coverage;

- Coordinating/interfacing with health insurers;

- Interfacing with federal agencies through the Data Services Hub;

- Certifying exemptions pursuant to the individual mandate;

- Informing employers of their potential liability;

- Publicly reporting health plan information; and

- Establishing the SHOP Exchange.

A description of Nevada's proposed approach to the non-eligibility Exchange IT systems is available in the original Level 1 application.

Issues Identified

The State of Nevada's eligibility-related IT systems in use for the Medicaid program are an older generation of technology and do not use modern design methodologies that incorporate modular, re-useable program functionality. Current IT systems do not follow an architecture that allows for flexibility or the ability to quickly adapt to changing business requirements. As a result, the State is actively seeking a partial replacement of its existing IT systems used for eligibility determination with a rules-based engine that would support the business rules to determine eligibility for all publicly-subsidized health coverage programs, including the Exchange, Medicaid, Nevada Check Up, and the BHP, if applicable.

Proposed Approach Going Forward

The State of Nevada has completed the majority of the planning work for the eligibility engine project and is nearing completion of a RFP for a vendor to perform the DD&I activities. This section will describe the process that Nevada intends to take to implement the rules engine, including its project management methodology utilized for all Exchange IT system development projects. Throughout the time period contained within this application request, Nevada will continue to demonstrate sufficient progress on all Exchange establishment activities as detailed in the original Level 1 work plan.

<u>Overview of Nevada's Approach to the Eligibility Engine Project</u>

In Nevada, the Medicaid program is administered for DHHS by DHCFP and DWSS. Working together, DHCFP and DWSS are seeking to build a new eligibility rules engine and leverage existing systems to create a "no wrong door" approach (i.e., allowing individuals to access health coverage through multiple entry points). These systems development efforts will allow the State to:

- Create a single coordinated set of rules to determine eligibility for all publicly-subsidized health coverage programs, including the Exchange, Medicaid, Nevada Check Up, and BHP, if applicable, and conduct an initial screening as to whether an individual might be eligible for other social service programs, including SNAP and TANF;

- Store recipient data for all publicly-subsidized health coverage programs in a single system of record, and leverage existing IT functionalities to support the needs of all publicly-subsidized health coverage programs and the Exchange;

- Achieve the necessary degree of interoperability between technology components to provide health insurance coverage through the Exchange, Medicaid, and Nevada Check Up programs; and

- Improve the State's program evaluation efforts and performance management reporting capabilities.

To comply with the ACA and make health coverage easily accessible to all Nevadans by the October 2013 open enrollment period for the Exchange and the Medicaid expansion, the Nevada DWSS will seek proposals from qualified vendors to:

- Build and implement a business rules engine that can share a common set of eligibility determination rules with the Exchange and other authorized systems;

- Modify existing systems and interfaces that support Medicaid and CHIP;

- Partner with the State's current Fiscal Intermediary (FI) and oversee the FI's efforts to modify the Medicaid Management Information System (MMIS);

- Provide maintenance and operations support for the business rules engine over a period of three (3) years with a State option for additional years;

- Work collaboratively with DWSS, DHCFP, the Exchange, and the general public; and

- Assume a leadership role in working with the project steering committee, and ensure effective communications across the participating entities.

Project Management Approach

The project management approach is based on the formation of an integrated project team. The project team will consist of a steering committee comprised of stakeholders from DHHS, DWSS and DHCFP, as well as Exchange staff, outside contractors, and staff from the Nevada Department of Information Technology (DoIT).

The project management approach includes: 1) planning, executing, reporting, and controlling the work; 2) identifying, tracking, and resolving problems and issues; 3) proactive risk

mitigation; and 4) ongoing communication and leadership necessary to ensure project success. Outside contractors will work cooperatively with the State project team to keep the project on schedule and within its scope and budget, and to deliver the complete solution.

DHHS will provide the project management framework and methodology for the project. DHHS follows the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK®) and Institute of Electrical and Electronics Engineers (IEEE) standards. This approach ensures a standardized and systematic approach for performing the major project activities.

DHHS will perform duties related to project management and solution procurement. DWSS, DHCFP, and Exchange technical and program staff will work as subject matter experts throughout the project's life cycle.

Methodology

Formal planning and ongoing tracking serves as the foundation of the project management methodology. This project will utilize the Project Management Plan (PMP) in accordance with PMI's Best Practices to define project goals, tasks, and resources. The PMP will be updated throughout the life of the project to accurately reflect the status of the project as scope, schedule, and resources change. The PMP will encompass approaches for communication management, risk management, issue management, scope/change management, and deliverables management. It will also include a detailed work plan, organization and staffing plans, and assumptions supporting the PMP components.

The DHHS project management team will utilize the project work plan in the PMP as the basis for monitoring and evaluating project progress. The detailed work plan will be jointly developed during project initiation, maintained in Microsoft Project, and included as part of the PMP. The work plan will include start and end dates, duration, tasks and deliverables, major milestones, and a critical path analysis.

Regular and ongoing meetings will be held with project participants to assess progress, issues, and risks. Through continued coordination with the project teams, the DHHS project management team will evaluate the progress being made on individual tasks of the project. As deliverables are developed, these will be reviewed for compliance with requirements, Deliverable Expectation Documents (DEDs), and the PMP. All of the information gathered as a result of these reviews and assessments will be used to continually evaluate the progress of the project.

Systems Development Life Cycle Implementation Plan

To manage the implementation of the eligibility engine, Nevada will use an incremental software development process, utilizing an iterative approach to accomplish tasks related to the software project. An iterative and incremental approach splits an overall project into several pieces that can be objectively measured. Each piece is called an iteration and includes all common aspects of a software development project from planning to requirements, analysis, design, and implementation, and through to testing. The project will use time boxing to measure and force the evaluation of progress.

Each iteration of the eligibility engine is a focused effort that will provide clear, immediate, and measurable results. By coupling the incremental software development with an achievement oriented approach, the project will be grounded and accountable through objectively measuring each release to ensure they meet the requirements, and have been thoroughly tested. Each subsequent release has a limited scope that is controlled by focusing the efforts of the iteration.

Eligibility Engine Security

Eligibility engine security will adhere to the recommendations outlined by the Office of the National Coordinator for Health (ONC), National Institute of Standards and Technology (NIST), and the Health Insurance Portability and Accountability Act (HIPAA). The eligibility engine security implementation will follow a tiered approach, addressing each tier of the IT infrastructure and relying on different approaches to reach the entire eligibility engine system's security compliance goals. Nevada will employ multiple layers of security to maintain compliance and protect data, such as personal health information and personal identifying information. Nevada understands and will be compliant with the Federal Fair Information Practices guidelines for collecting data, maintaining data integrity and quality, and providing transparency regarding data access and use.

Federal Information Processing Standards

The eligibility engine system developed will meet all current Federal Information Processing Standards (FIPS) and will be constructed to allow for modification using a commercially available code basis to account for expected and evolving information processing standards as well as subsequent Joint Signature Measures and directives around this and all matters related to information security. This standard specifies the security requirements that will be satisfied by a cryptographic module utilized within a security system protecting sensitive but unclassified information. The standard provides for increasing, qualitative levels of security intended to

cover the wide range of potential applications and environments in which cryptographic modules may be employed.

Work Plan Going Forward

With many of the preliminary planning and design tasks accomplished for the eligibility engine project, Nevada will be focusing on the following tasks during the period requested in this application for Level 1 funding.

RFP Distribution, Response Evaluation, and Vendor Selection

The development of the eligibility engine RFP was funded through the Establishment Grant and submitted to CMS for review and approval. Once approved, the final RFP will be released and the procurement processes will commence. The RFP evaluation process will consist of the following major processes:

- Scoring of Mandatory Requirements: Using predefined checklists, each proposal will be reviewed to determine whether it complies with the requirements of the RFP on a pass/fail basis.

- Evaluation of Technical Proposals: For proposals that pass the mandatory requirements, the individual merits of the technical components will be measured on a point scoring basis.

- Reference Checks: Other organizations that have implemented the product will be interviewed to solicit opinions on the product's capabilities, quality of the vendor's support processes, and implementation experiences.

- Comparative and Final Reviews: An evaluator review session will be conducted to discuss findings and make any scoring adjustments that are appropriate.

- Evaluation of Cost Proposals – After scoring the technical components, the cost components will be evaluated.

- Ranking and Selection: Summarize the normalized scores for the technical and cost components for each bidder and rank the proposals by final total score.

After evaluating bidder responses, the evaluation team may determine that the proposals need further clarification and possible revision. This may happen because the RFP was not clear in communicating the requirements or because all responses in a particular area were unclear. The clarification/revision process will only occur with responses classified as acceptable. The end result may be revisions to the bidders' responses or revisions to the RFP and underlying IT requirements.

Because there are many IT components to the eligibility rules engine, awards may go to multiple vendors. In this case, the ability to integrate systems and easily exchange data will be crucial. The project team will likely have a round of oral presentations and/or interviews with a select group of vendors that focus on integration.

Once vendors are selected and contract negotiations are complete, the State will work with the vendors to produce the materials CMS/CCIIO needs for the Detail Design Review and the Final Detail Design Review.

Preliminary Development and Implementation of IT Components

After establishing the IT test environment, vendor software applications and modified versions of in-house applications will be implemented and configured in that environment. All software is evaluated and tested to ensure it complies with vendor specifications and with the prescribed business and design requirements.

Final Development and Implementation of IT Components

Once preliminary implementation is complete, unit testing of all the applications and interfaces will be conducted, including: 1) complete testing of all system components including data, interfaces, security, and infrastructure; and 2) performance testing to ensure the hardware and software are properly configured to meet the anticipated transaction volume of the Exchange, Medicaid, and Nevada Check Up. This level of testing is done by the project team before making it available to the end users.

Operational Readiness and User Acceptance Testing

A complete operational readiness review is undertaken to validate readiness of all system components, including: 1) complete end-to-end testing and security control validations; and 2) complete final user testing, including testing of all interfaces. User acceptance testing will be conducted using a set of test scripts that require the user to complete the same actions as they will complete on the production system.

Production Implementation

As a final step, the State will implement the configured software product on the production hardware and make the software available to end users. Upon implementation, the Exchange will: 1) certify that the production environment and software adhere to security requirements; and 2) develop and execute a training program to ensure that all stakeholders understand how to properly use the system.

Ongoing Maintenance and Operation

Subsequent to rollout of the systems, the State will need to support business operations; maintain all of the systems components; and evaluate all IT systems to verify that the anticipated value of the system has been achieved. This evaluation will identify components of the system and associated work processes that need further adaptation to fulfill the system's expectations.

Work Plan

The detailed work plan includes notation of major milestones, deliverables, and status. The milestones are tied to the project phasing and major stakeholder review cycles. The State of Nevada will assess performance by continuously tracking progress, scope, risks, issues, and budget; comparing actual results to planned results; and evaluating final output. This level of management is necessary and particularly true for a program of this size, complexity, and level of stakeholder involvement.

Nevada expects to follow a RFP and procurement process, as opposed to developing a custom system to support the eligibility rules engine. Nevada will also seek to leverage solution concepts and designs from other states and Early Innovator Grantees, as appropriate. This will lead to a different schedule to complete some of the milestones listed in Appendix B of the CCIIO document entitled *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*.

The table below identifies components of the eligibility rules engine system's System Development Life Cycle plan and the schedule on which they will occur. The table defines the project's activities, timelines, milestones, and deliverables. All of the CCIIO required milestones are identified in the work plan, as well as all of the activities required for design, development, and implementation of the eligibility rules engine to support the Exchange's core business functions. The project plan and specific dates and deliverables will be updated and revised as necessary once a vendor is selected and the State approves the vendor's proposed work plan.

For this project, Nevada is pursuing an accelerated implementation schedule and expects to complete all eligibility engine DD&I activities within the Level 1 Agreement period. The State feels this is realistic due to its advanced progress at this stage in the process, its understanding of its technology and business needs, and its confidence in the products and vendors available for a rules engine solution. If, however, some final testing and implementation activities may need to continue beyond the Level 1 Agreement period, a no-cost contract extension may be requested. In addition, as noted earlier, Nevada plans to submit a multi-year Level 2 funding

request in March 2012, which could nullify the need to submit an extension of this Level 1 request.

Eligibility System Development Life Cycle Plan and Schedule

Activities	Timeframe	Milestones	Deliverables
Finalize RFP	07/2011 – 01/2012	Finalize IT and integration architecture. Complete functional and system requirements	System Design Document Interface Control Document Database Design Document(s) Physical Data Model Data Management Plan Data Conversion Plan Automated Code Review Results Briefings/presentations to HHS
Distribute RFP/ Vendor Response Period	03/2012		
CCIIO Review of RFP	02/2012 – 03/2013		
RFP vendor selection and contract award	04/2012 – 05/2012		
CMS approval of contracts	05/2012 – 07/2012		
Initial Design	07/2012 – 09/2012	Complete preliminary and interim development of baseline system and review and ensure compliance with business and design requirements.	Preliminary Exchange IT Systems environment
Development and implementation of IT components	07/2012 – 12/2012	Complete final development of baseline system including software, hardware, interfaces, code reviews, and unit-level testing.	Baseline Exchange IT Systems environment

Activities	Timeframe	Milestones	Deliverables
Operational readiness planning and documentation	09/2012 – 12/2012	Exchange IT Systems supporting documentation	Contingency Plan Inter/Intra-agency Agreement(s) (IAs) Test Case Specification Implementation Plan User Manuals Operations & Maintenance Manual Training Plan Integration Testing End-to-End Testing Test Summary Report Defect Reports Security Testing Results Briefings/presentations to HHS
System Testing and Planning	01/2013 – 02/2013	Complete testing of all system components including data, interfaces, performance, security, and infrastructure.	System Test Plans Successfully executed System Test Plans
User Acceptance Testing (UAT) and Planning	02/2013	Complete final user testing including testing of all interfaces. Pre-operational readiness review	UAT Test Plans Successfully executed UAT Test Plans
Training - in UAT environment	02/2013	Prepare and deploy all system components to production environment. Obtain security accreditation. Operational readiness review	Training Complete
Obtain security accreditation	09/2013		Production Exchange IT Systems environment
Go Live	10/2013		Security accredited production Exchange IT Systems environment

Budget Narrative

The costs for the eligibility engine were developed with the assistance of Nevada's current consultants from PCG. All other costs were developed internally by DHCFP accounting staff.

The State estimates that the one-time costs of the eligibility engine project will be $27,748,788 and is requesting 90 percent FFP for the Medicaid portion, 60.45 percent for the CHIP Title XXI share, and 100 percent for the Exchange portion. The federal share is $26,607,424:

$17,481,736 for the Exchange portion; $8,740,868 for the Medicaid share; and $383,820 for the CHIP Title XXI share. The State's share is $1,141,363. DWSS submitted an I-APD to CMS on June 10, 2011 for the eligibility engine project. The I-APD was approved on October 24, 2011.

Funding Allocation Table

Eligibility Engine Design, Development, and Implementation	Amount	Total	Level 1 Request
The new rules engine is one component of Nevada's overall information technology (IT) strategy to meet the requirements of the ACA. It will provide a coordinated set of rules for the State's publicly-subsidized health coverage programs in one system. These programs include premium subsidies available through the Exchange, Medicaid, CHIP, and if the State chooses to establish one, the Basic Health Program. The eligibility rules engine will function to determine eligibility and be usable by authorized systems that are accessible to consumers, state and county workers, Navigators, and other authorized users.			
One-time eligibility engine costs		**$27,748,788**	
State General Fund The State share represents 10% of the one-time costs of the eligibility engine that are related to the Medicaid program and 30.66% of the one-time costs related to the CHIP program.			
Medicaid allocation	$971,208		
CHIP allocation	$170,156	($1,141,364)	
Medicaid Title XIX Share The federal Medicaid share represents 90% of the one-time costs of the eligibility engine project related to the Medicaid program.			
90% FFP	$8,740,868	($8,740,868)	
CHIP Title XXI Share The CHIP share represents 69.34% of the one-time costs of the eligibility engine project that are related to the CHIP program.			
69.34% FFP	$384,820	($384,820)	
Total HIX Funding Requested	$17,481,736	($17,481,736)	
Less: Previous Level 1 Establishment Grant Funding	$2,186,465	($2,186,465)	
Current Level 1 Establishment Grant Funding Request			**$15,295,271**